Effective October 1, 2000 09898867														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TO	TAL CLAIMS	-	40				1	RATE		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			40_minus 20=		. 20			X\$!)=	180	OR	X\$18=		
INDEPENDENT CLAIMS			10 - minus 3 =		7			X40=		280	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+13	5=	200	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOT		815	OR	TOTAL		
CLAIMS AS AMENDED - PART II										ENTITY	OR	OTHER SMALL		
		(Column 1) CLAIMS	Proposition of	(Colu	mn 2)	(Column 3)		304					ADDI-	
NTA		REMAINING AFTER AMENDMENT	na konstrukti	NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RAT	E .	ADDI- TIONAL FEE		RATE	TIONAL FEE	
AMENOMENT A	Total	· 39	Minus		40	. 1		X\$	9=		OR	X\$18=		
MEN	Independent	. 6	Minus	***	10	-		X4)=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+13	5=		OR	+270=		
									TAL		OR	TOTAL		
1	nulai			(0 - b	2)	(Caluma 2)		ADDIT.	FEE		10	ADDIT. FEE		
45	79109 ***********************************	(Column 1)			ımn 2) HEST	(Column 3)	1		-	ADDI-	1		ADDI-	
MENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER TOUSLY D FOR	PRESENT EXTRA		RA	TE	TIONAL FEE		RATE	TIONAL FEE	
JOME	Total	. 39	Minus	4	10	=		X\$	9=		OR	X\$18=		
AME	Independent	. 4	Minus	•••	10	-	4	X4	0=		OR	X80=		
L	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	IT CLAIM		3	+13	5=		OR	+270=		
<i>~</i>	also la							ADDIT	OTAL FEE		OR	ADDIT. FEE		
	//2///	Column 1)			umn 2)	(Column 3)				_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	SHEST MBER /IOUSLY D FOR	PRESENT EXTRA		RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 6	Minus	4	40	=	-	XS	9=	ŀ		X\$18=		
	Independent	. /	Minus		10	<u> </u>		X4	0=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	\vdash		1-	1		 	
	If the ontario cat-	mn 1 ja kasa than	the entry in col	umn 2 w	rite "O" in e	otuma 3.		+13			OR	TOTAL		
••	"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE													
l "	The "Highest Nu	umber Previously mber Previously F	aid For (Total	or Indepe	ndent) is th	e highest num	ber f	ai bnuo'	the a	sppropriate b	ox in c	column 1.		

Application or Docket Number